

DOCUMENT RESUME

ED 369 559

PS 022 340

TITLE An Action Blueprint for Business: Forging New Partnerships To Make a Difference in Maternal and Child Health. Highlights of the Corporate Summit for Children (Washington, D.C., April 29-30, 1992).

INSTITUTION American Academy of Pediatrics, Evanston, Ill.; National Commission To Prevent Infant Mortality, Washington, DC.; Washington Business Group on Health, Washington, DC.

PUB DATE Sep 93

NOTE 69p.; This report was made possible by a grant from the Johnson & Johnson Family of Companies.

AVAILABLE FROM Washington Business Group on Health, 777 North Capitol Street, N.E., Suite 800, Washington, DC 20002 (\$9); National Commission to Prevent Infant Mortality, 330 C Street, S.W., Switzer Building, Room 2014, Washington, DC 20201.

PUB TYPE Reports - Descriptive (141) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS *Business; *Business Responsibility; *Child Health; Corporate Support; *Family Health; Health Care Costs; Health Education; Health Programs; *Health Promotion; Prenatal Care; Public Policy

IDENTIFIERS Health Care Reform; *Maternal Health

ABSTRACT

The goals of the Corporate Summit for Children were to: (1) increase understanding about the tremendous impact of maternal and child health-related costs on the private sector; (2) clarify the role that business, health professionals, educators, and policymakers can play together in the workplace, in the community, and in the public policy arena to improve the health and well-being of mothers, children, and families; (3) provide opportunities for business leaders to forge new partnerships with policymakers and health and education professionals interested in developing collaborative solutions to maternal and child health related problems; and (4) promote the development of blueprints for action that can be initiated at the federal, state, and local levels on behalf of families. This report begins with an overview of the health status of the nation's children, pregnant women, and families, and its impact on businesses' bottom line. A discussion of the importance of collaboration between business, health and education professionals, and policymakers in addressing the needs of children and families follows. A summary of a panel discussion between business, health, education, and public policy representatives who are on the "front lines" of work and family issues is then presented. The report concludes with a blueprint for action derived from the summit's afternoon working session and a call to action based on the remarks of author and economist Sylvia Ann Hewlett. The report includes profiles of companies making a difference for families, the summit agenda, the host organizations, and 34 references and endnotes. (TJQ)

ED 369 559

PS 022340

AN ACTION BLUEPRINT FOR BUSINESS:

FORGING NEW PARTNERSHIPS TO MAKE A DIFFERENCE

IN MATERNAL AND CHILD HEALTH

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HIGHLIGHTS OF THE CORPORATE SUMMIT FOR CHILDREN

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AN ACTION BLUEPRINT FOR BUSINESS:

FORGING NEW PARTNERSHIPS TO MAKE A DIFFERENCE

IN MATERNAL AND CHILD HEALTH



HIGHLIGHTS OF THE CORPORATE SUMMIT FOR CHILDREN
APRIL 29-30, 1992 @ WASHINGTON, D.C.

AMERICAN ACADEMY OF PEDIATRICS @ NATIONAL COMMISSION TO PREVENT INFANT MORTALITY @ WASHINGTON BUSINESS GROUP ON HEALTH

THIS REPORT WAS MADE POSSIBLE BY A GENEROUS GRANT FROM THE JOHNSON & JOHNSON FAMILY OF COMPANIES

SEPTEMBER 1993

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ACKNOWLEDGEMENTS

This report could not have been produced without help from several quarters. The American Academy of Pediatrics (AAP), the National Commission to Prevent Infant Mortality (NCPIM), and the Washington Business Group on Health (WBGH) would like to thank Johnson & Johnson for providing generous support for the development and production of this publication. Gratitude also goes to the CIGNA Companies and the U.S. Maternal and Child Health Bureau for their support of the Corporate Summit for Children.

Karen Troccoli (NCPIM) would also like to thank Miriam Jacobson (WBGH), Jackie Noyes (AAP), Martha Naismith (Johnson & Johnson) and the NCPIM staff for their assistance in developing this report.

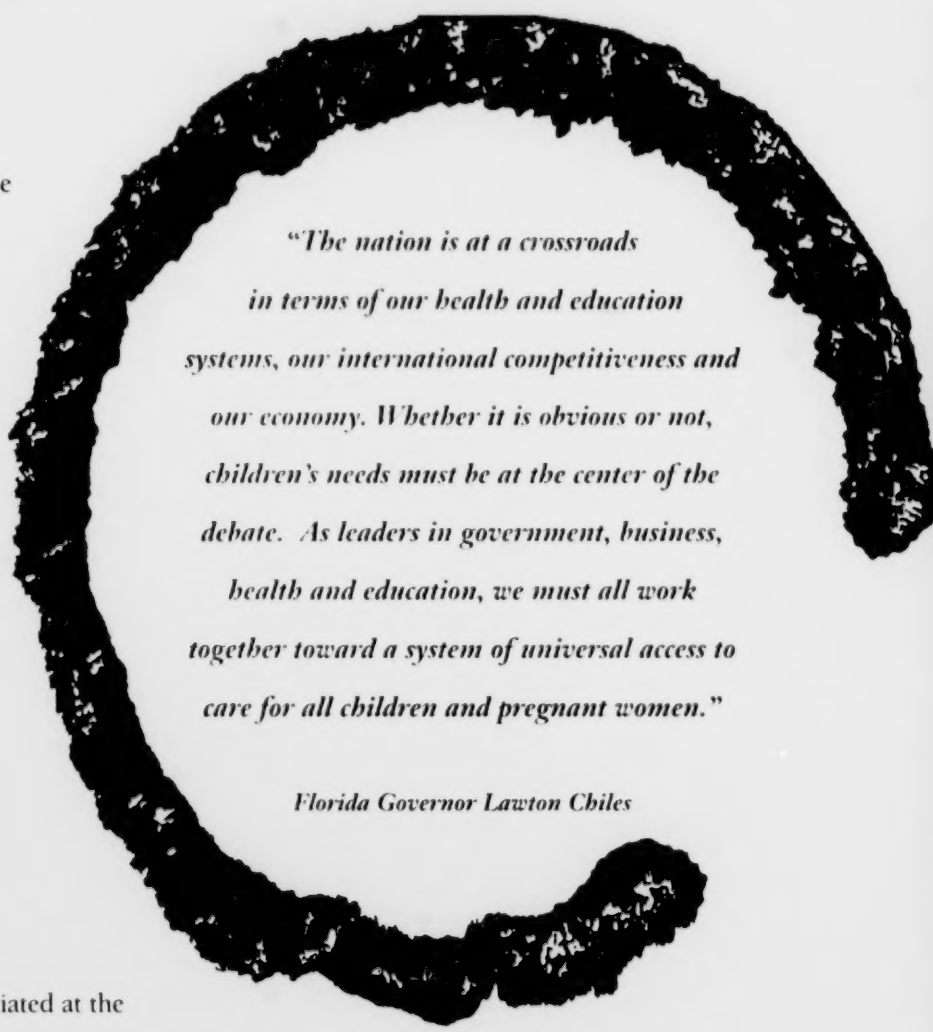
Finally, we would like to thank the participants of the Corporate Summit for Children. Without their interest and commitment to maternal and child health issues, neither the Summit nor this blueprint would have been possible.

THE CORPORATE SUMMIT FOR CHILDREN

On April 30, 1992, the American Academy of Pediatrics, the National Commission to Prevent Infant Mortality, and the Washington Business Group on Health, with support from the CIGNA Companies and the U.S. Maternal and Child Health Bureau, sponsored a historic Corporate Summit for Children. Approximately 250 leaders from business, health, education and policymaking attended the Summit for the purpose of forming new alliances to make children a national priority. The specific goals of the Corporate Summit for Children were to:

- ⑥ Increase understanding about the tremendous impact of maternal and child health-related costs on the private sector.
- ⑥ Clarify the role that business, health professionals, educators and policymakers can play together in the workplace, in the community and in the public policy arena to improve the health and well-being of mothers, children and families.
- ⑥ Provide opportunities for business leaders to forge new partnerships with policymakers and health and education professionals interested in developing collaborative solutions to maternal and child health related problems.
- ⑥ Promote the development of blueprints for action that can be initiated at the federal, state and local levels on behalf of families.

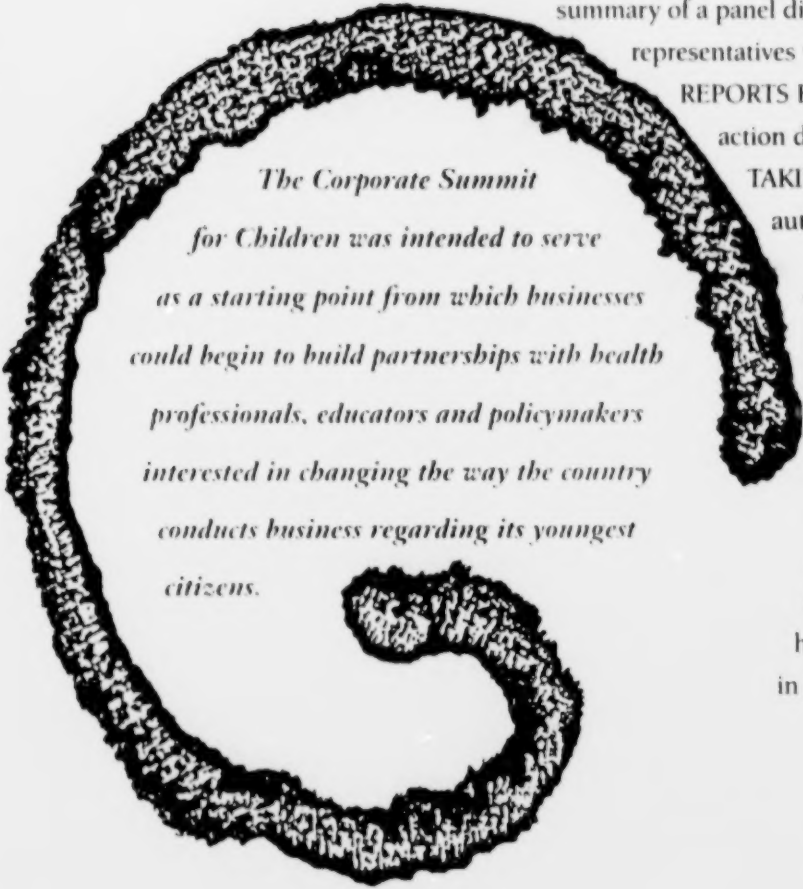
The chronology of the day-long Summit is mirrored in this report (see agenda on page 27). It begins with an overview of the status of the nation's children, pregnant women and families and their impact on businesses' bottom line (THE BOTTOM LINE), proceeds to a discussion of the importance of collaboration



*"The nation is at a crossroads
in terms of our health and education
systems, our international competitiveness and
our economy. Whether it is obvious or not,
children's needs must be at the center of the
debate. As leaders in government, business,
health and education, we must all work
together toward a system of universal access to
care for all children and pregnant women."*

Florida Governor Lawton Chiles

between business, health and education professionals, and policymakers in addressing the needs of children and families (SETTING THE STAGE FOR COLLABORATION), and is followed by a summary of a panel discussion between business, health, education and public policy representatives who are on the "front lines" of work and family issues (REALITIES: REPORTS FROM THE FRONT LINE). The report concludes with a blueprint for action derived from the Summit's afternoon working session (SOLUTIONS: TAKING THE NEXT STEP), and a call to action based on the remarks of author and economist Sylvia Ann Hewlett (CALL TO ACTION).



*The Corporate Summit
for Children was intended to serve
as a starting point from which businesses
could begin to build partnerships with health
professionals, educators and policymakers
interested in changing the way the country
conducts business regarding its youngest
citizens.*

The Corporate Summit for Children was intended to serve as a starting point from which businesses could begin to build partnerships with health professionals, educators and policymakers interested in changing the way the country conducts business regarding its youngest citizens. As economist and author Sylvia Ann Hewlett noted, "... the business community is the natural leader in terms of pushing and prodding and making sure children and family issues get the attention they need and deserve." It is our hope that this report will spur even more companies to act as leaders in the maternal and child health arena.

THE BOTTOM LINE

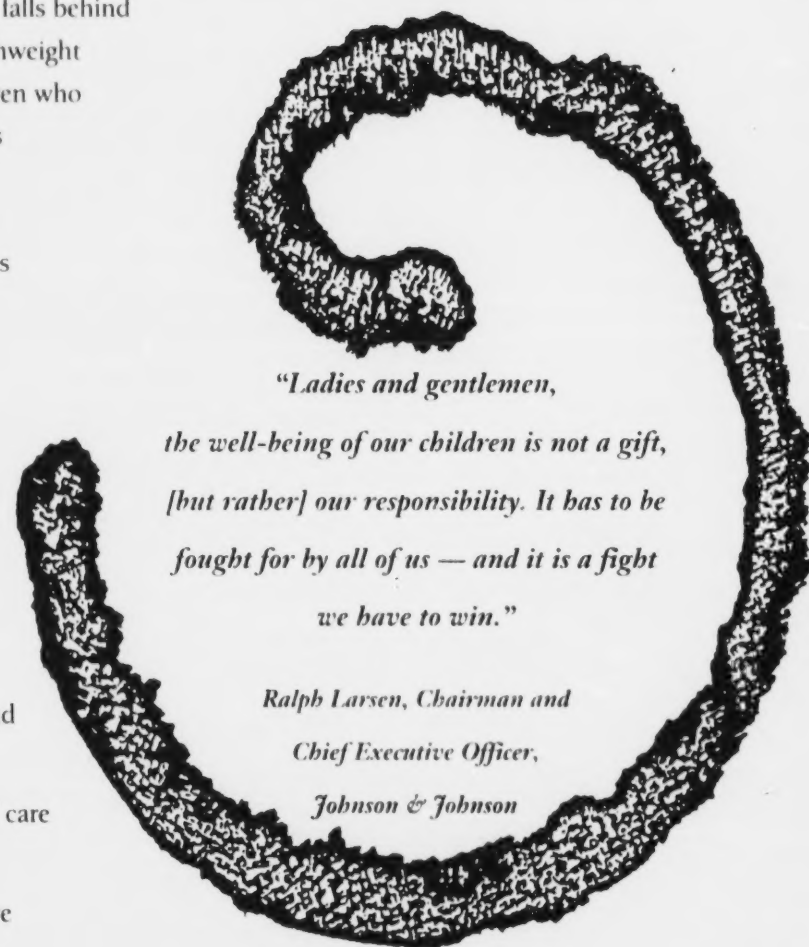
The United States fares poorly when it comes to the health and wellbeing of its youngest citizens. The nation trails 19 countries in infant mortality, falls behind more than two dozen nations in the number of babies born low birthweight (weighing less than 5½ pounds), ranks 20th in the number of children who die before their fifth birthday, and compares very poorly in the percentage of its children who are immunized by age two.

Many children are not as healthy as they should be because financial and other barriers prevent them from gaining access to the health and social services that they need (see box on the next page).

All of society pays the price for poor maternal and child health. Ultimately, poor health can affect a child's development and capabilities as a future worker, consumer, tax payer and parent. "From the practical standpoint of the corporate sector, investing in children makes very good business sense ... Besides a more productive workforce, better maternal and child health translates into lower health care costs. The old adage, 'an ounce of prevention is worth a pound of cure,' certainly rings true..." said Ralph Larsen, Chairman and Chief Executive Officer, Johnson & Johnson.

Indeed, much can be done to prevent health problems among children and pregnant women, and, consequently, to save human potential and dollars.

- ⑥ Every \$1 spent on prenatal care can save over \$3 in spending on medical care for low birthweight babies in the first year of life.
- ⑥ For every \$1 spent on all childhood immunizations, \$10 is saved in future medical costs.
- ⑥ Every \$1 spent on early prevention and intervention can save \$4.75 in costs associated with remedial education, welfare and crime later on.



*"Ladies and gentlemen,
the well-being of our children is not a gift,
[but rather] our responsibility. It has to be
fought for by all of us — and it is a fight
we have to win."*

*Ralph Larsen, Chairman and
Chief Executive Officer,
Johnson & Johnson*



- ⑥ Nearly 16 percent of American children under the age of 21 — approximately 11.8 million — have no health insurance, either private or public. Tens of millions more have insurance that does not cover routine preventive care, including immunizations.¹
- ⑥ Approximately 3/4 of uninsured children have at least one parent who works full-time, while another 13 percent have a parent who works part-time. Only 20 percent of uninsured children live in families where neither the father nor the mother works.²
- ⑥ More than seven million U.S. women ages 21 to 45 have no insurance, public or private. Many others are uninsured for maternity and delivery services.³
- ⑥ It is estimated that in 1991, 433,000 pregnant women — 9 percent of all pregnant women — had no health insurance at all.⁴
- ⑥ In 1991, the Federal government estimated that 2,049 geographical areas in the country had an insufficient number of health care providers and that it would take 4,360 additional providers to meet the need for medical care in those areas.⁵
- ⑥ One indication of a family's ability to access health care is the frequency with which they visit a physician. In 1990, almost 10 percent of children age 5 to 17 had not visited a doctor in two or more years.⁶
- ⑥ Families in rural and urban areas, particularly low-income and minority families, face barriers to health care such as lack of transportation, language differences, long waits for appointments, service fragmentation and others.

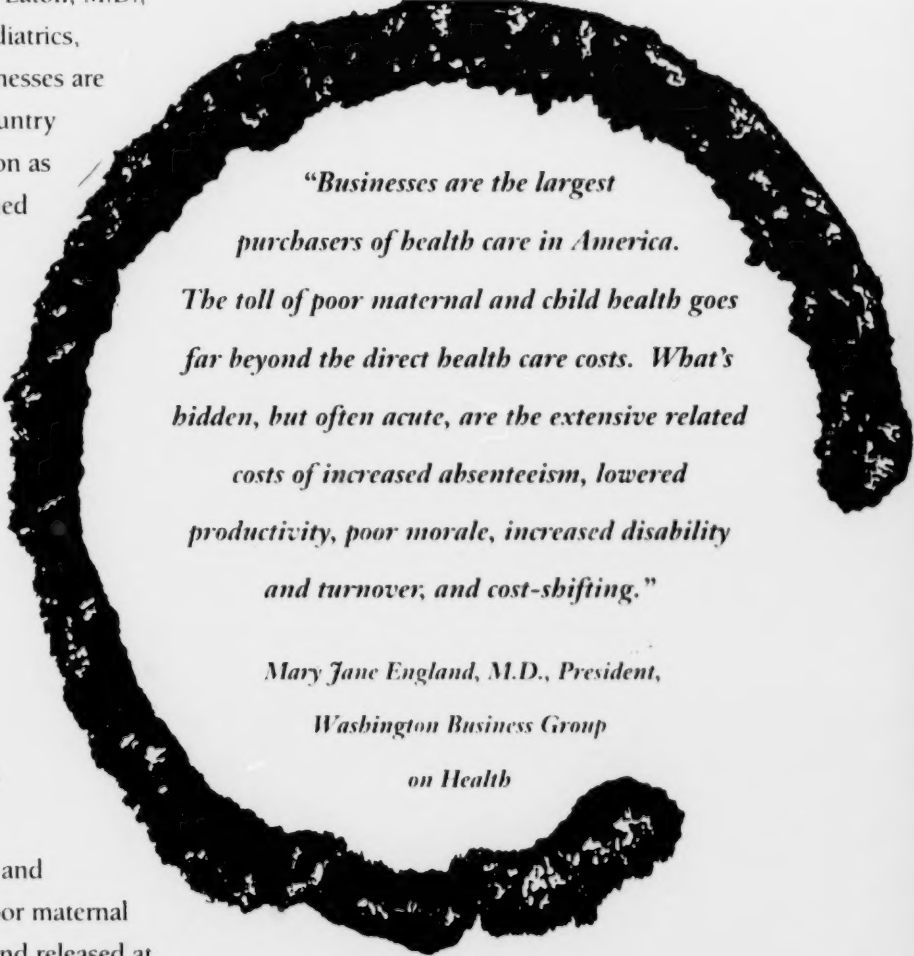
"If there were more focus on prevention, more pregnant women would get prenatal care early. With more resources for prevention programs we could get all children immunized against devastating childhood diseases. And by providing more substance abuse programs, there would be fewer crack babies," said Mr. Larsen. He then asked the pivotal question: "What role should corporations be playing?" He discussed the findings of a new public opinion survey commissioned by Johnson & Johnson that shows a strong public belief that corporations should do more to improve the health of mothers and children. "The survey reveals strong public support for child and family-friendly workplace policies....The survey also shows that Americans want companies to take a larger role in public education and health policy. Simply put, Americans want corporations to get more involved — to become leaders in promoting better maternal and child health — and to do it by developing better health benefits policies, by funding programs that directly help mothers and children, and by being advocates for change." That is the bottom line.

SETTING THE STAGE FOR COLLABORATION

Maternal and child health related issues do not fit neatly into one category. Rather, they spill over into health, business, economics and other arenas, necessitating a multi-pronged response. Antoinette Parisi Eaton, M.D., immediate past president of the American Academy of Pediatrics, explained that the maternal and child health related issues affecting businesses are part of a much bigger agenda that affects everyone. "The fact that this country doesn't have a national children's policy continues to be a glaring omission as we look to our nation's future. We know what to do — it's been confirmed and reconfirmed by prestigious commissions and panels...universal access to affordable, quality health care for children ages 0 through 21 and pregnant women must be our nation's priority. We can't fix all the problems that tug at our current health care system and rob corporate America and federal entitlement programs, but we can start with a healthy slate of consumers who will also be productive workers."

Poor maternal and child health affects all sectors of society directly and indirectly. Because of the widespread repercussions, a broad-based response to these problems is needed. Business as usual, so to speak, can no longer be the strategy of choice. Solving maternal and child health problems takes more than just the work of health professionals or public health programs alone. Everyone must become involved and work together toward the common goal of healthy children. To that end, businesses have a critical role to play.

In order to motivate business to become more involved in maternal and child health issues, a study was conducted on the costs to business of poor maternal and child health. This study, commissioned by the CIGNA Companies and released at the Corporate Summit for Children, was prepared with the understanding that the bottom line



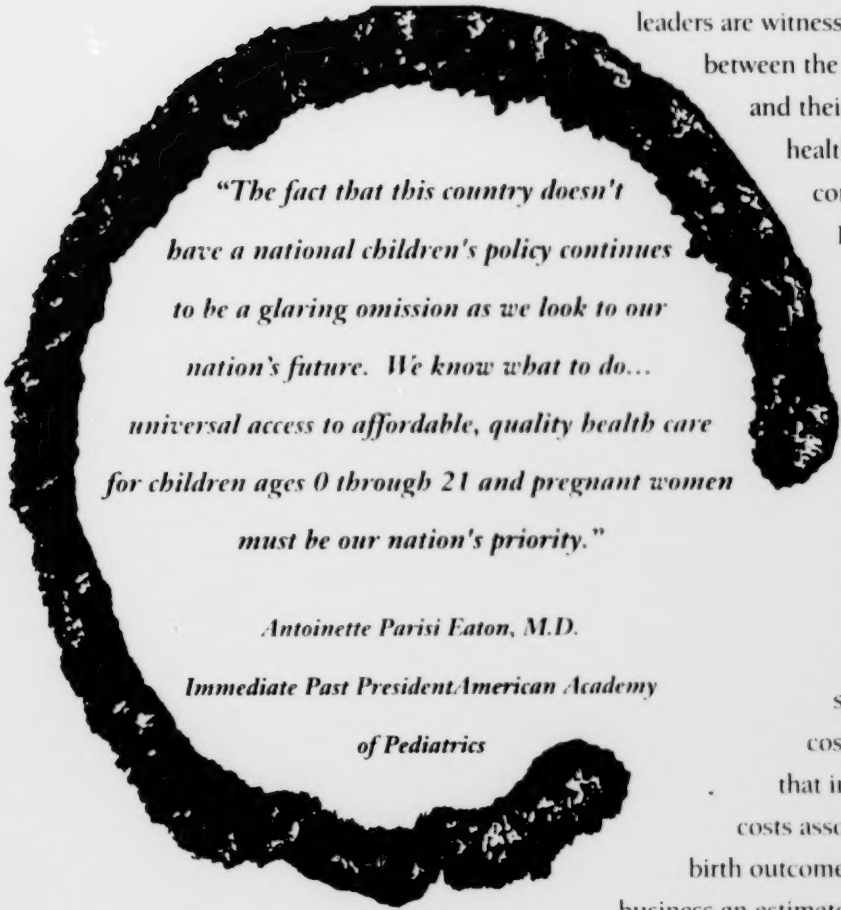
*"Businesses are the largest
purchasers of health care in America.*

*The toll of poor maternal and child health goes
far beyond the direct health care costs. What's
bidden, but often acute, are the extensive related
costs of increased absenteeism, lowered
productivity, poor morale, increased disability
and turnover, and cost-shifting."*

*Mary Jane England, M.D., President,
Washington Business Group
on Health*

drives decisionmaking among business leaders.

According to the study, "increasingly, business leaders are witnessing the intrinsic link between the health of employees and their families with the health of their companies...



"The fact that this country doesn't have a national children's policy continues to be a glaring omission as we look to our nation's future. We know what to do... universal access to affordable, quality health care for children ages 0 through 21 and pregnant women must be our nation's priority."

Antoinette Parisi Eaton, M.D.

*Immediate Past President American Academy
of Pediatrics*

Problematic births — involving pre-term delivery or other significant health problems for the newborn — are costing American business billions at a time when more effective prenatal care could save lives and lower costs." The study found

that in 1990, health care costs associated with poor birth outcomes cost American business an estimated \$5.6 billion,⁷ and

that, in 1989, American businesses paid almost \$3 billion through cost-shifting from uncompensated care for mothers and infants.⁸ Cost-shifting occurs when hospitals and other providers adjust their charges to retrieve the bad debt they incur from those who did not or could not pay their bills. These inflated charges are passed on to those who do pay, such as employers.

Overwhelming evidence exists that preventive strategies such as immunization, prenatal care and well-baby and well-child (including adolescents) care help avert or reduce later health and social problems. However, no single organization, government agency, law, business or person can, singlehandedly, ensure such services are available and accessible or that individuals will make use of them. The barriers are too complex and must be addressed from several fronts. Therefore, business, health and education professionals, policymakers and others must all work together to make the case for universal access to care for all children, pregnant women and families.

REALITIES: REPORTS FROM THE FRONT LINES

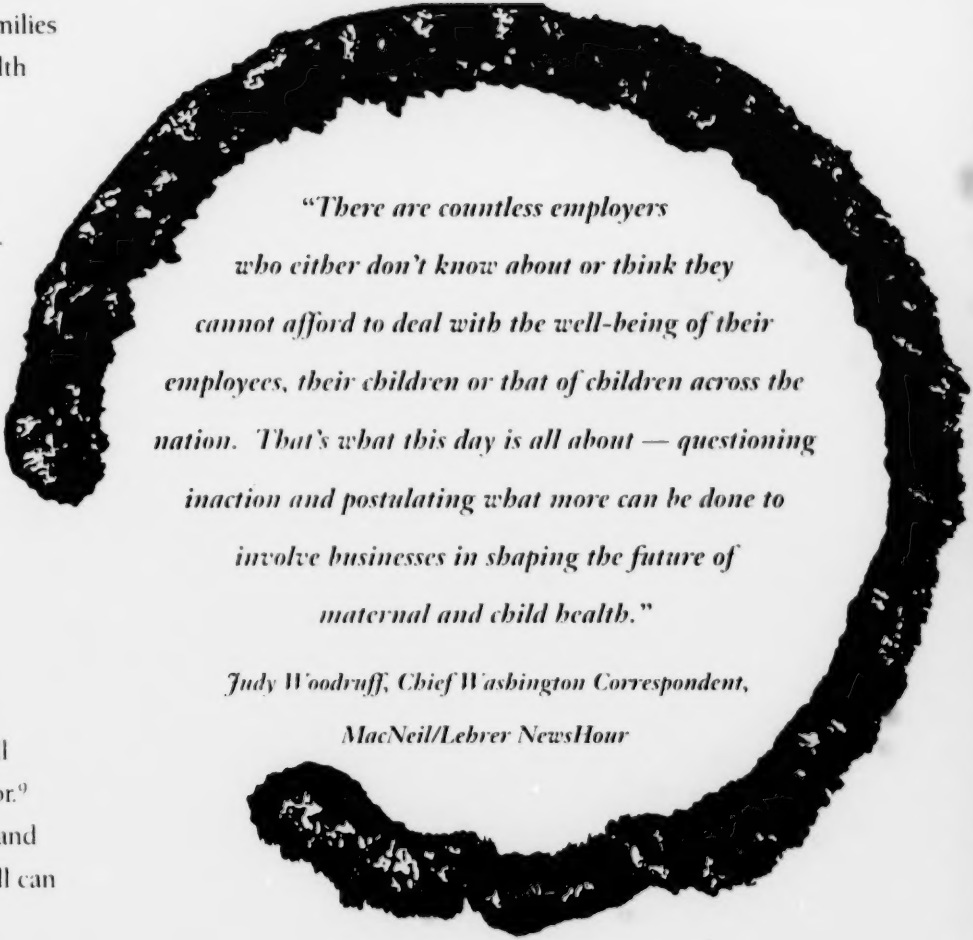
One piece of good news about the nation's children and families is that, increasingly, business leaders are joining with health professionals, educators and others on the front lines of maternal and child health. More and more people are understanding just what is at stake and see that they can — and must — help make a difference in the lives of children and families.

BUSINESSES

Businesses of all sizes have a role to play on the front lines of children's issues. "Whether you are a large employer or a small employer, your people are your greatest asset," said Ted Childs, Director of Workforce Diversity Programs, IBM Corporation. Indeed, Carol Ball, CEO of Ball Publishing, which employs 25 full-time and 40 part-time workers, explained that she often hears that "small business doesn't care about families or children ... that's a wrong perception of small business." Small business must take part in efforts to address family-related issues because, according to the U.S. Small Business Administration, small businesses employ more than half of all workers in the private sector.⁹ The type of response a business can make to the needs of children and families will be affected by the company's size and resources. But all can have an impact.

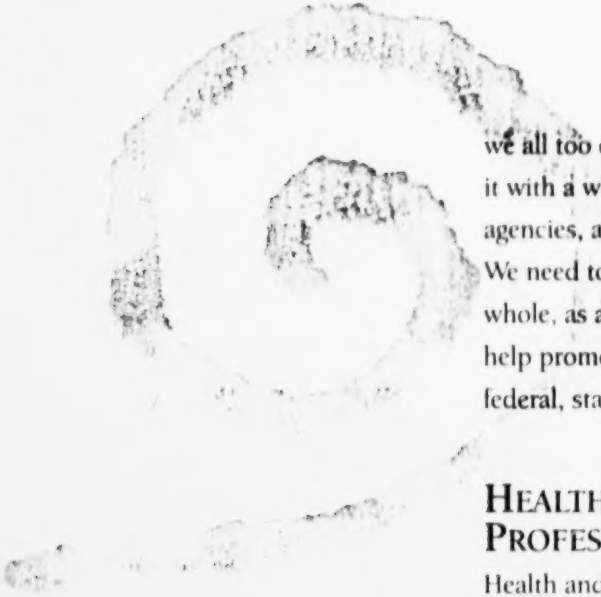
POLICYMAKERS

Colorado Governor Roy Romer stressed that children's needs are inextricably tied to those of their families. Because of that, he urged private sector representatives to pay attention to public policymaking, "because



"There are countless employers who either don't know about or think they cannot afford to deal with the well-being of their employees, their children or that of children across the nation. That's what this day is all about — questioning inaction and postulating what more can be done to involve businesses in shaping the future of maternal and child health."

*Judy Woodruff, Chief Washington Correspondent,
MacNeil/Lehrer NewsHour*



we all too often segment the family. We deal with it with a whole host of government and private agencies, and we deal with it one piece at a time. We need to learn to deal with the family as a whole, as an institution." Company leaders can help promote that message to lawmakers at the federal, state and local levels.

HEALTH AND EDUCATION PROFESSIONALS

Health and education are intricately intertwined. Children must be healthy in order to learn and must be educated about how to be healthy. Mary Hatwood Futrell, Senior Consultant at the Quality Education for Minorities Network and past president of the National Education Association, explained that, "When children...do not have access to health care, to child care, to social programs which will help them ... they are not in a frame of mind to come to school and to learn. And it doesn't matter how much we reform the schools... Unless they have a healthy environment, unless they are themselves healthy, they will ... probably not even come to school... [If] they are there, they are certainly not focusing their attention on education. It's not that they

can't learn. It is simply that the environment is not conducive for them to learn."

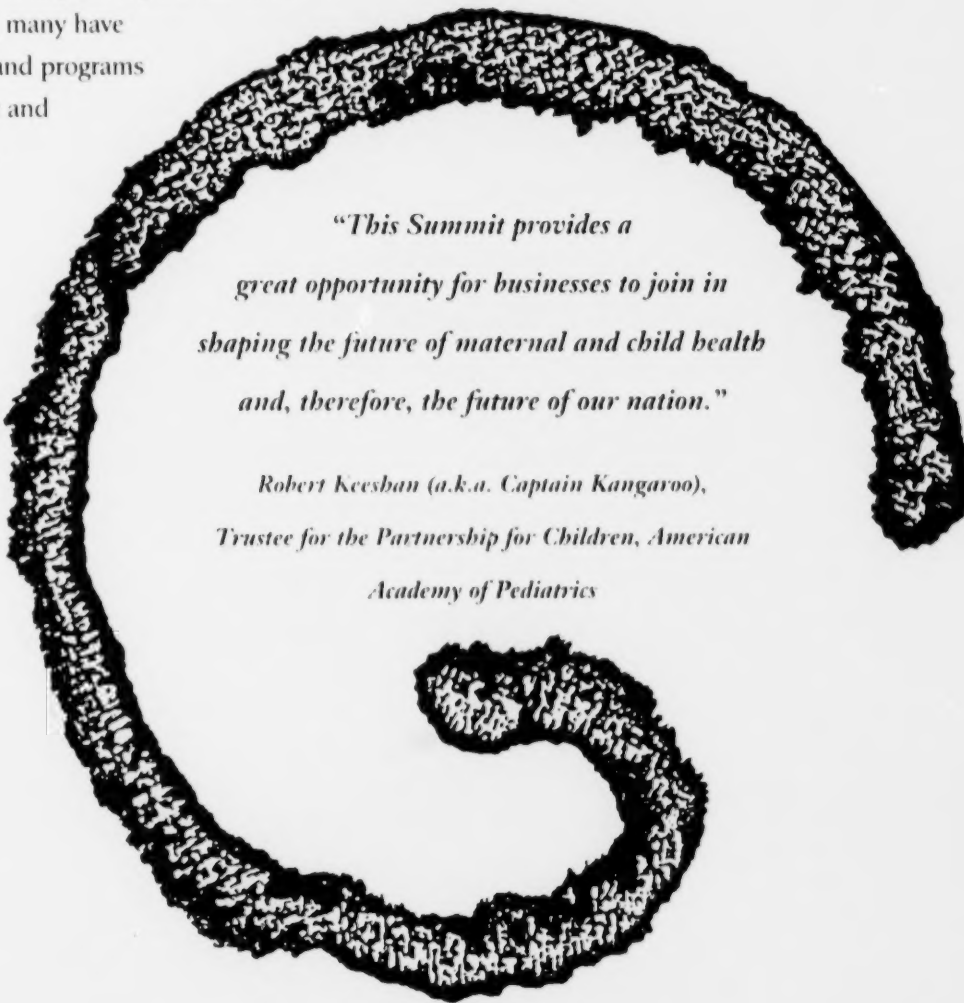
The overriding reality from the front lines of maternal and child health is that business' most valuable commodity is leadership. By virtue of their standing, companies are naturally poised to bring diverse players to the table and encourage them to join in collaborative efforts to improve the health and well-being of children and families. It is important that business leaders not simply wait to be asked to join in others' efforts, but rather that they take the initiative whenever possible. Margaret Heagarty, M.D., Director of Pediatrics at Harlem Hospital Center, offered one simple, nuts-and-bolts example of how to become involved. "In Harlem we have no money. Those of you in private sector do have bits of money. You ought to look around for people like me and say 'could you use \$10,000 for a playground?' You need to reach out and look for us." Governor Romer told how a company came to a school district in north Denver and offered 40,000 men/women hours over the next year for mentoring or any other kind of program the district wanted. An important joint initiative resulted.

SOLUTIONS: TAKING THE NEXT STEPS

With more and more employers concerned about the impact of poor maternal and child health on their businesses' bottom lines, many have responded by implementing family-friendly policies and programs in the workplace to assist employees in balancing work and home responsibilities. In addition, some businesspeople have ventured into their communities because they are concerned about the children there who will comprise the future workforce. Still others have become active in the public policy arena, promoting strategies that benefit children and families.

At the Corporate Summit for Children, questions were posed to participants about why and how businesses could become more involved in initiatives to benefit children and families in the workplace, the community and the public policy arena. Louis Sullivan, M.D., Secretary, Department of Health and Human Services, said, "We are not looking for business alone to provide solutions. By forming strong public/private partnerships, we can combine our efforts and our resources to support one another."

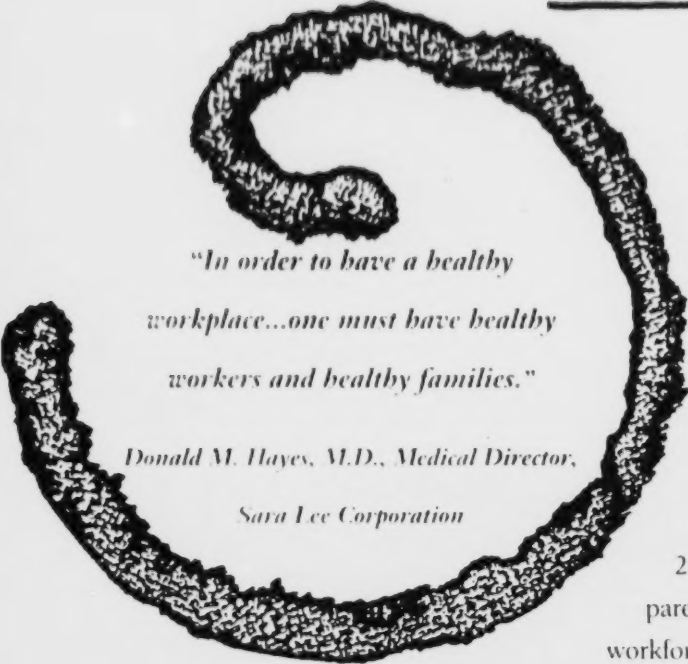
The findings of each of the three working groups are described on the following pages.



*"This Summit provides a
great opportunity for businesses to join in
shaping the future of maternal and child health
and, therefore, the future of our nation."*

*Robert Keeshan (a.k.a. Captain Kangaroo),
Trustee for the Partnership for Children, American
Academy of Pediatrics*

IN THE WORKPLACE



"In order to have a healthy workplace...one must have healthy workers and healthy families."

*Donald M. Hayes, M.D., Medical Director,
Sara Lee Corporation*

One of the most critical challenges facing American business is changing workforce demographics. Gone are the days of business as usual where men went to work and women stayed home and took care of the children. As of 1990, women made up 45 percent of the workforce and are expected to comprise 47 percent by the year 2000.¹⁰ In more than half of all two parent families, both parents are in the workforce. In more than 60 percent of one parent families, that parent is in the workforce.¹¹

The growing number of women in the workforce includes many in their childbearing years. In 1990, 53 percent of women who had a baby in the previous year were in the workforce.¹² The costs for an unhealthy newborn can be significant in actual health care dollars for employers who provide insurance and in the time

and attention these children need from their parents, many of whom are employed. In 1990, the hospital-related costs to the nation of caring for all low birthweight infants during the neonatal period alone (the first 28 days of life) totaled more than \$2 billion.¹³

In order for businesses to keep productivity and quality high and expenses low, they must address the consequences of changing workforce demographics and the growing proportion of workers who are women of childbearing age. How? Several questions, including those listed below, were posed to working group members to spur discussion about how a business can best meet its employees' needs.

- ⑥ What kinds of maternal and child health issues can be addressed in the workplace?
- ⑥ What workplace barriers exist to addressing maternal and child health issues and how can they be overcome?

Facilitator: Wendy B. Gray, Ph.D., Employee Benefits Consultant, Ernst & Young
Respondents: Elizabeth A. Cronin, Manager, Health and Welfare Plans, Levi Strauss & Co.
Donald M. Hayes, M.D., Medical Director, Sara Lee Corporation
Reactor: Donald Schiff, M.D.



- ⑥ How do we decide what kinds of programs, policies and or benefits to implement?
- ⑥ What different issues do small, medium and large businesses need to consider?
- ⑥ How can we garner support for the family-friendly initiative from top management?
- ⑥ How do we market programs to employees and ensure that they benefit from them?
- ⑥ How can we evaluate our efforts?

Group facilitator, Wendy Gray, Employee Benefits Consultant, Ernst & Young, stressed that "there is no single right solution that will work for all employers." But participants agreed that everyone has a role to play. Pediatrician Donald Schiff, M.D., said that "In order to move forward, each of us in our own way, in our own company, in our own community, has to take on this responsibility." Elizabeth Cronin, Manager of Health and Welfare Plans at Levi Strauss & Co., and Donald Hayes, M.D., Medical Director, Sara Lee Corporation, were among those who discussed how their companies had addressed many of these questions (see box). Altogether, the group offered the following suggestions for designing, marketing and evaluating family-oriented policies and programs:

MAKING A CASE

Elizabeth Cronin, Manager of Health and Welfare Plans at Levi Strauss & Co., explained how she made the case for a workplace prenatal care education program. After reading about the impact of unhealthy pregnancies on businesses' bottom line, she decided to look at the situation at Levi Strauss & Co. She hired an intern to do the research, and the results were shocking. Between 1984 and 1989, 85 percent of births were classified as "normal," and they accounted for 27 percent of the cost (each newborn cost approximately \$450, excluding costs incurred by the mother); 13 percent were classified as "newborn with problems," and they totaled 45 percent of the cost (each newborn cost approximately \$5,300, excluding costs incurred by the mother); and 1 percent were classified as "extremely premature," and they equaled 28 percent of the cost (each newborn cost approximately \$28,000, excluding the costs incurred by the mother). In 1989 alone, newborn costs totaled \$1.3 million, and 27 of those babies accounted for 70 percent (\$900,000) of the total.

To sell the idea of a prenatal care education program for employees, Ms. Cronin listed the 27 babies as "son" or "daughter" and ranked them in terms of cost. "There's something about personalizing it and then comparing the final price tag to how little it would cost to set up a program that works with senior management. It was an easy sale," she explained. The company is currently analyzing data to determine the new program's effectiveness.



WHAT WORKS: PRENATAL HEALTH PROMOTION

"Babies and You" is a comprehensive prenatal health promotion program developed by the March of Dimes to educate prospective parents on how to reduce risks to their unborn children. The program allows employers to select levels of involvement:

- Level I: A company-wide employee information campaign
- Level II: Educational seminars; and/or
- Level III: Training of company health professionals

"Babies and You" provides free technical assistance to employers on planning, promoting and evaluating the program, trained health professionals to conduct seminars at no cost, and low-cost publications and video materials. For example, First Bank of Chicago uses March of Dimes posters, newsletter articles, cafeteria table-top announcements and provides videotapes of the March of Dimes classes for home viewing.

- ⑥ In electing an initiative for the workplace — whether a health education program or a new health-related benefit, consider issues such as:
 - size of workforce and number of worksites
 - employee demographics (percent of women of childbearing age, number of employees with young children, etc.)
 - employees' educational level
 - bilingual requirements
 - cultural issues
 - type of work (sedentary, heavy labor, etc.)
- ⑥ Communicate — learn to speak the language of top management and employees to communicate the importance of making the workplace more family-friendly.
- ⑥ Analyze employees' demand for and utilization of family-oriented policies/programs to ensure they are accessible, convenient and useful. If you discover barriers to participation, address them. For example, if there is a prohibitive fee for a prenatal education class, consider providing tuition assistance.
- ⑥ Collaborate — company departments such as occupational health and employee benefits should work together to develop and promote maternal and child health-related policies and programs.
- ⑥ Make sure employees know about workplace family support policies that already exist. Consider producing a separate publication that describes those supportive family policies and procedures.
- ⑥ Collect effectiveness data on the program or policy to determine if it is working. Use this information to make improvements. This careful approach will help make the case for maintenance and expansion of the program down the road.
- ⑥ Market the program continuously to "sell" both top management and employees on their importance.

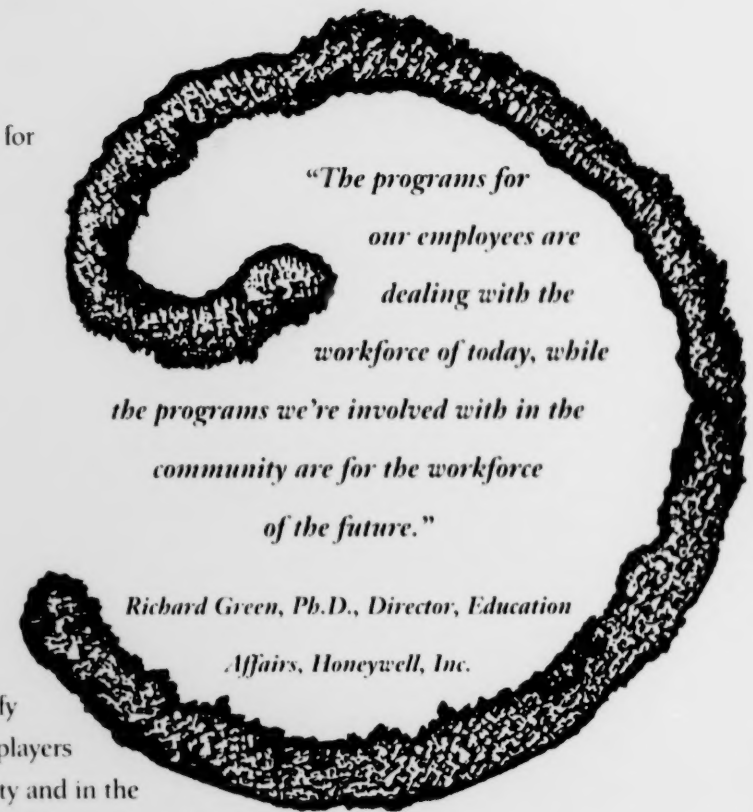
IN THE COMMUNITY

Because today's children will be tomorrow's workforce and most businesses will draw workers from the surrounding community, it makes sense for companies to invest in those children today. However, many business leaders are concerned that the nation's children are not growing up with the foundation they need to be productive members of the workforce. In response, an increasing number of businesses are becoming involved in efforts to address the needs of children from the prenatal years on up to ensure they are healthy and ready to learn in school. Yet such companies still represent the exception rather than the norm. In order to develop action steps that other businesses can use to become involved in children and family issues in their communities, this working group was posed the following questions.

- ⑥ What role can businesses play to make maternal and child health front burner issues within their communities?

- ⑥ Why is it important for businesses to get involved in maternal and child health issues within their communities?
- ⑥ How can community involvement be marketed to top management?
- ⑥ How can you identify who the important players are in the community and in the company? How do you bring them all to the table?

Many businesses that have become involved in community projects for families have done so through public/private partnerships and coalitions.



*"The programs for
our employees are
dealing with the
workforce of today, while
the programs we're involved with in the
community are for the workforce
of the future."*

*Richard Green, Ph.D., Director, Education
Affairs, Honeywell, Inc.*

Facilitator: Suzanne C. Mercure, Manager, Benefits Planning, Bull HN Information Systems, Inc.
Respondents: Richard Green, Ph.D., Director, Education Affairs, Honeywell, Inc.
Patricia E. Powers, Executive Director, Bay Area Business Group on Health
Reactors: Renee Jenkins, M.D.
Candace Sullivan, Director, Center on Coordinated Services, National Association of State Boards of Education

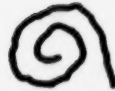


PRIVATE SECTOR LEADERSHIP

Honeywell, Inc. has been a key partner in "Success by Six," a program for children and families initiated in Minneapolis. "Success by Six" is the result of a public/private partnership between Honeywell, Inc., the United Way, the City of Minneapolis and others. Its purpose is to help children be ready to learn by the time they get to school. "Success by Six" regards early childhood development as beginning with prenatal care and works to coordinate services for children that address their health and social needs, as well as the needs of their families. The program has been very successful in improving indicators of children's well-being and is now being replicated in communities across the country.

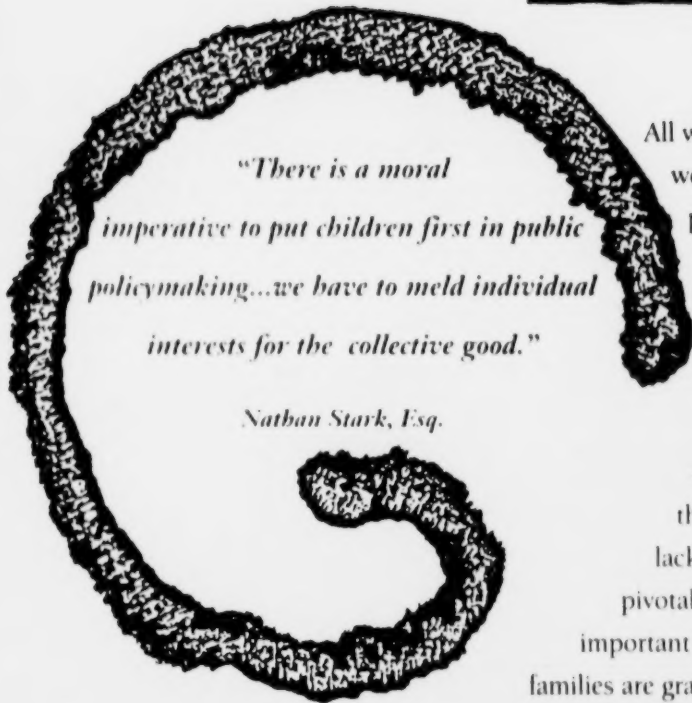
In some instances, the businesses instigated the project themselves, while in other cases they joined initiatives already underway. In either case, participants stressed that collaborative initiatives generally are the best way to consolidate resources, avoid reinventing the wheel, and meet the diverse needs of children and families. To do that successfully, "We need to learn to understand each other's objectives and speak each other's language," said Suzanne Mercure, Manager, Benefits Planning, Bull HN Information Systems, Inc. Group participants suggested that businesses of all sizes:

- ⑥ Generate leadership from the top levels of a business. For example, Jim Renier, CEO of Honeywell, has been a driving force behind Honeywell's work in the area of early childhood development. (see box)
- ⑥ Encourage corporate leadership on family issues by stressing the effectiveness of preventive health and social services for children and families. Statistics on the cost-effectiveness of preventive care such as prenatal care or immunizations, coupled with an understanding of cost-shifting's impact on businesses, can make a strong case for companies' involvement in these issues in the community.

- 
- ⑥ Work to ensure that community groups, businesses and others understand each other's objectives and learn to speak each other's language. Otherwise, even those who share the same goals may inadvertently work at cross-purposes.
 - ⑥ Join form coalitions of businesses, health and education organizations and others concerned about the health and well-being of families to work on issues in your community. "We need to collaborate on a much broader basis than most of us are used to doing," said pediatrician Renee Jenkins, M.D. (see box)
 - ⑥ "Work together to address the holistic needs of children," said Candace Sullivan of the National Association of State Boards of Education. Children's health and ability to learn are intricately interconnected.
 - ⑥ Engage in philanthropy and support community efforts to assist children and families. Funds, "in-kind" contributions such as office equipment for a clinic, or "people power," where a business encourages its employees to engage in community volunteerism, are all forms of giving that can make a real difference to community efforts to meet the needs of children and families.

COALITIONS WORKING IN COMMUNITIES

Patricia Powers is Executive Director of the Bay Area Business Group on Health (BBGH), located in San Francisco. BBGH represents 2.5 million people and \$3 billion in annual health expenditures. The Coalition's goal is to improve the quality of health care, while moderating rising costs. At the Corporate Summit for Children, Ms. Powers described their initiatives to reduce private pay, inappropriate Cesarean sections and perinatal mortality rates in select hospitals. BBGH analyzed state hospital discharge data and developed risk-adjusted C-section rates. Risk-adjusted perinatal mortality rates were obtained from a state maternal and child health data base. BBGH wrote letters to hospitals that were outliers (both good and bad), comparing their facility-specific rates to the average. BBGH staff met with some of the hospitals' administrators and physicians to discuss the findings and options for improving their C-section or perinatal mortality rates. BBGH companies also distributed brochures to employees on VBACs (vaginal birth after Cesarean section). Preliminary results indicate that many hospitals have successfully reduced their C-section rates, notably for repeat C-sections.



"There is a moral imperative to put children first in public policymaking...we have to meld individual interests for the collective good."

Nathan Stark, Esq.

All who have a stake in the health and well-being of children have a role to play in the public policy arena where decisions about children's futures are made. Businesses, by virtue of their standing in the eyes of lawmakers, are natural leaders in this respect. They have a kind of access to policymakers, an edge, that children and families generally lack. Thus, businesses can play a pivotal role in raising awareness about the important health and social issues that families are grappling with and offering solutions through public policymaking. Several questions about businesses' role in public policymaking were proposed to working group participants. They include:

- ⑥ What role can the private sector play to help move maternal and child health issues to the front burner of policymaking?

- ⑥ What are the priority problems/issues in the public policy arena that affect women, children and families?
- ⑥ When trying to generate top management support for involving your company in maternal and child health policymaking, how do you link the need for healthy, well-educated children to the current focus on the economy and jobs?
- ⑥ What kinds of initiatives can businesses advocate for on behalf of children and families?

Many working group participants believe that businesses belong in the public policy arena when children and family issues are on the table. By becoming "active advocates" for programs and policies that affect families and children, companies can help make these issues a priority among decisionmakers and make sure the relevant laws and programs receive the attention they

Facilitator: Nathan Stark, Esq., Fort and Schlefer

Respondents: Jonathan Fielding, M.D., Vice President, Health Policy Analysis and Planning, Johnson & Johnson
Gail B. Prombain, Assistant Vice President, Corporate Public Involvement, Aetna Life & Casualty

Reactors: Birt Harvey, M.D.

Ann Kahn, Past President, National PTA

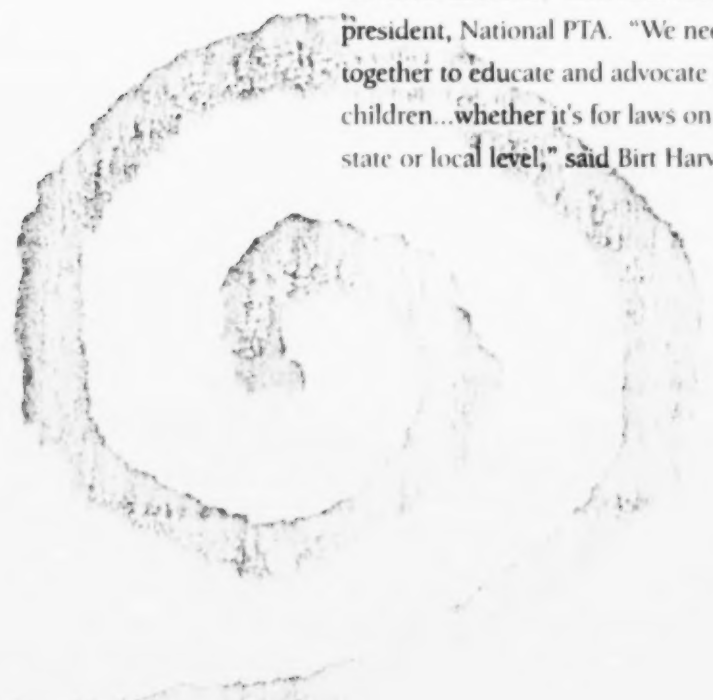
deserve. They suggested action steps for businesses such as:

- ⑥ Consider a broad range of maternal and child health issues when deciding how to become involved in maternal and child health policy. Companies may wish to become active in the "debate surrounding reforms to the entire health care system or reforms to the system as they affect mothers and children or be advocates for programs that target lead poisoning, injury prevention, immunizations or increased funding for the Special Supplemental Food Program for Women, Infants and Children (WIC), or some other worthy program," said Jonathan Fielding, M.D., Vice President, Health Policy Analysis and Planning for Johnson & Johnson.
- ⑥ Look for opportunities for public/private partnerships. Businesses and government have complementary resources and capacities and should use them to forge collaborative solutions.
- ⑥ Testify at Congressional or state legislative hearings.



SPEAKING OUT IN THE PUBLIC POLICY ARENA

The Special Supplemental Food Program for Women, Infants and Children (WIC) is a federal program that pays for supplemental food and nutritional guidance for low-income pregnant and breastfeeding women, infants and small children up to age five. Studies have found WIC to be an extremely cost-effective and beneficial program. On March 6, 1991, before the Budget Committee of the U.S. House of Representatives, five corporate witnesses testified in support of full funding for WIC. They were: Robert E. Allen of AT&T; John L. Clendenin of BellSouth Corporation; James J. Renier of Honeywell, Inc.; Robert C. Winters of Prudential Insurance Company of America; and William S. Woodside of Sky Chefs, Inc. These business leaders viewed WIC as "an excellent investment in our nation's children, its economy and its future."

- 
- ⑥ Encourage collaboration and cooperation between various organizations working on public policy issues affecting different population groups such as children and the elderly. What is needed most is recognition "that we all really have the same needs and the same interests," said Ann Kahn, past president, National PTA. "We need to work together to educate and advocate for children...whether it's for laws on the federal, state or local level," said Birt Harvey, M.D.

- ⑥ Become involved in "policy execution," said Gail Promboin, Assistant Vice President, Corporate Public Involvement, Aetna Life & Casualty. Businesses can act as advocates not only in the halls of Congress but on the local level where the rubber meets the road in order to ensure government programs are implemented as intended.
- ⑥ Make sure all affected constituencies get an opportunity to be at the table when the key policy debates occur. Invite community groups to attend meetings with lawmakers and to submit their own testimony at Congressional or state legislative hearings, for example.

CALL TO ACTION

The Corporate Summit for Children concluded with an inspiring call to action by author and economist Sylvia Ann Hewlett. An adaptation of her remarks appears below.

It is a great privilege to be here today. The expertise and energy has been overwhelmingly impressive. We've heard a lot about what's happening to disadvantaged children in American society. But what I want us all to think about equally hard is the range and presence of neglect of children in our own ranks. We have to see the problems around our children as extending right across the face of America and belonging to all of us.

Two things have gone wrong for our kids that we have to set right. First of all, we have not spent money on them. Right now, less than 4 percent of the federal budget goes to children and families. Second, we have progressively given children much less time and attention. The amount of contact time between parents and their children has fallen about 40 percent over the last 20 years. That is for several important reasons: increased maternal employment; a rise in the number of hours both men and women spend at work; and a decrease in the amount of fathering that goes on in this society. Not only have divorce rates gone up dramatically, but 42 percent of divorced fathers never see their children again, according to a survey by the University of Pennsylvania.

We are beginning to see real action, action which is, for the first time, prompted by enlightened self-interest. Part of that comes from awareness of demographics: of the new entrants to the workforce from 1990 to the year 2000, only 10 percent of them are white males. Everyone else is either a woman or a minority. When you turn to corporate America, you see that we have always had a small group of very aggressive enlightened companies like Johnson & Johnson and IBM who for years have really cared about their labor force and have striven to produce balanced lives for their workers. The new thing in the last two years is that many firms, big ones and small ones, are beginning to realize that to remain competitive, they have to get into this business of family supports.

When you turn to corporate

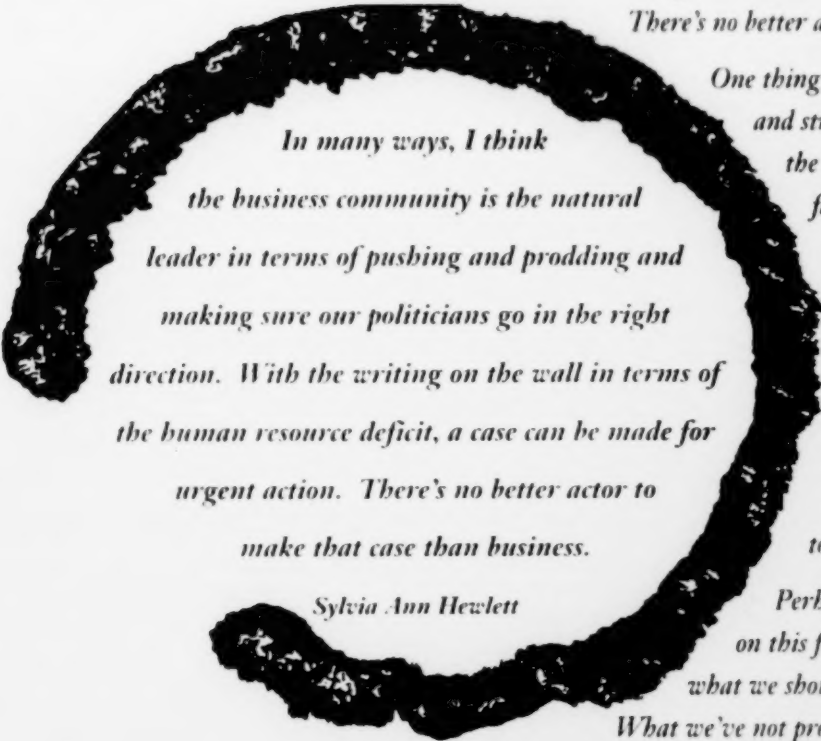
America, you see that we have always had a small group of very aggressive enlightened companies like Johnson & Johnson and IBM who for years have really cared about their labor force and have striven to produce balanced lives for their workers. The new thing in the last two years is that many firms, big ones and small ones, are beginning to realize that to remain competitive, they have to get into this business of family supports.

Sylvia Ann Hewlett

Now for the action agenda. Obviously little bits of it have been emerging here all day. Very simply, we need more resources for our kids. We need much more imaginative gifts of time for our families. And we need to redraw the rules of the game to give enormous new priority to these problems. In many ways, I think the business community is the natural leader in terms of pushing and prodding and making sure our politicians go in the right direction.

With the writing on the wall in terms of the human resource deficit, a case can be made for urgent action.

There's no better actor to make that case than business.



In many ways, I think the business community is the natural leader in terms of pushing and prodding and making sure our politicians go in the right direction. With the writing on the wall in terms of the human resource deficit, a case can be made for urgent action. There's no better actor to make that case than business.

Sylvia Ann Hewlett

One thing we can be absolutely sure of as we head toward the end of this century: the strains and stresses on family life are going to intensify. This means that our efforts to make the whole thing work have to intensify too. We can see investments in children and family as being a win/win situation, not just because it enhances children's well-being and corporate viability, but also because it does so much to advance a quality workplace that enables working parents to fulfill their potential. We have to write family-oriented policies into our laws and in our corporate documents to make sure that the message gets out that not only are these rights an entitlement, but that it is good — not just permissible, but good — for people to use them. Part of the endeavor here is to change the mind-set so that we not only write the policies and say the words, but we actually empower people to have the courage to put these new priorities into practice.

Perhaps the most important thing we have to do is develop the political will to move on this front. This is not nuclear physics. Any reasonably intelligent adult can work out what we should do to give resources and time to the hard pressed working families of America.

What we've not produced over the last decade is any political energy that gives front burner, emergency kinds of visibility to these issues. We need to do a Desert Storm. We need to do a Marshall Plan on our kids. I would like to vote for our corporate leaders to be some of the natural galvanizers here, precisely because they can see so clearly what is at stake.

Sylvia Ann Hewlett, Economist and Author, Corporate Summit for Children

EXAMPLES OF COMPANIES MAKING A DIFFERENCE FOR FAMILIES*



GT WATER PRODUCTS

(Moorpark, CA)

This manufacturing company has a staff of 29 and has been frequently cited for its family-friendly workplace policies. A \$500 baby gift goes to every new mother and leave for childbirth extends up to six months. When employees' children are old enough to start school, they can attend one on GT Water's grounds at no cost. The school was the idea and creation of the company's founder who was unhappy with the local public schools (and who has two children of his own). GT Water purchased a building and turned it into a school for employees' children in grades K-12. Employees value this arrangement and GT Water's other family programs and have cited them as incentives to stay with the company.

(contact: DAWN FULTON 1-800-862-5647)



HAGGAR APPAREL COMPANY

(Dallas, TX)

In 1989, Haggar analyzed its 50 most expensive maternity-related claims and found that, in 1988, 26 employees gave birth prematurely which greatly increased Haggar's medical costs. The combined

expenses, averaging over \$26,000 per infant, as compared to a \$2,000 average for full-term births, inspired Haggar to reassess its health benefits. Haggar found that even though its employees had a health plan that covered 80 percent of medical costs, pregnant women often had trouble paying the 20 percent and, therefore, did not receive the care they needed. Furthermore, employees had to meet a \$200 deductible before the insurance would even kick in. Haggar decided to pay the \$200 deductible and 100 percent of medical expenses during pregnancy if the expectant woman sought prenatal care in the first trimester. In addition, Haggar arranged to pay doctors' bills directly instead of requiring the employee to pay up front and then receive reimbursement. Then, Haggar approached several area hospitals to set up preferred provider arrangements for its employees; managers followed through by encouraging their employees' doctors to use those hospitals that were providing discounts. The results? Employees no longer face financial barriers to care, and physicians are happy to work with Haggar employees because they are assured of 100 percent payment. By 1990, the number of premature births had fallen from 26 to 11, a 42 percent decrease.

(contact: ELAINE MOORE 214/352-8481)



JOHNSON & JOHNSON

(New Brunswick, NJ)

J&J has aggressively developed child care benefits with three Child Development Centers up and running and a fourth scheduled to open in September 1993. The corporation also provides assistance to centers near its factories and offices in several states. All after-school, holiday and summer programs are provided on a sliding fee scale based on employees' family incomes. J&J has a full-time work/family coordinator and an extensive training program for supervisors and managers to sensitize them to the needs of working parents. The corporation also has developed the Johnson & Johnson Maternal and Child Health Initiative that provides funding and other resources to programs that will directly impact the health of mothers and children around the world. Through the initiative, Johnson & Johnson intends to be a voice for children in the public policy arena and enhance public awareness of the needs of vulnerable pregnant women, children and adolescents.

(contact: MARTHA NAISMITH 202/408-9482)



LEVI STRAUSS & CO.

(San Francisco, CA)

LS&Co. has several family-friendly policies. The company workforce of 23,000 is predominantly female. From 1984 to 1988, 13 percent of newborns were born prematurely and accounted for 45 percent of the company's maternity costs. Because of this, Levi Strauss & Co. initiated the "Healthy Beginnings" program which combines risk assessment, health education, and case management. Pregnant employees in their first trimester are encouraged, with a \$100 incentive, to call a toll-free HEALTHLINE and speak confidentially to a nurse consultant. The nurse screens each caller to identify those at risk for early delivery and then provides ongoing case management to the caller for the duration of her pregnancy.

For many of the company's employees, English is their second language, and LS & Co. has responded by making many of its materials bilingual. LS & Co. works with others in the community to build partnerships to help their own employees and the citizens of the community. For example, LS & Co. has Community Involvement Teams (CIT) where each worksite picks an area of interest in the community in which to help. LS & Co. matches funds raised by the CITs.

(contact: JOYCE BUSTINDUY 415/544-7222)



LOS ANGELES DEPARTMENT OF WATER AND POWER

(Los Angeles, CA)

DWP has been offering child care services since 1987 and continues to add services as new needs and opportunities arise. Each year, over 2000 employees - or approximately 19% of employees - use services that range from reduced-cost downtown child care to parent support groups. All child care benefits and programs are available to both male and female employees at all work locations. The services are accessible to all employees, including those at outlying work locations.

In particular, DWP offers Birth Alert (beepers to alert expectant fathers when the big moment arrives), Expectant Parent Seminars, a Dependent Care Spending Account, a Parent Resource Library, Child Care Counselors, and a Child Care Service Office. DWP has the most extensive lactation program (allowing nursing mothers to collect and store breast milk while on the job) in the country. Other family policies include family leave, adoption assistance, and a voluntary child support deduction program.

(contact: ROSA LEE COHEN 213/482-7144)



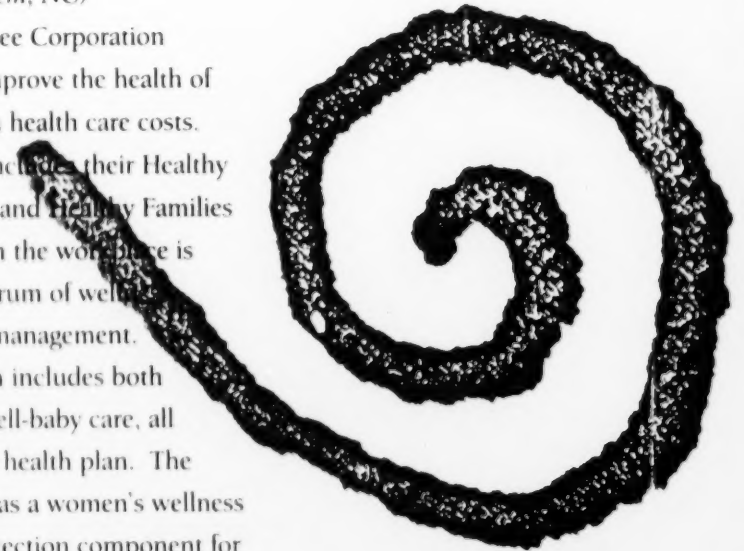
SARA LEE CORPORATION

(Winston Salem, NC)

About five years ago, Sara Lee Corporation undertook a campaign to improve the health of their employees and contain health care costs. The three-tiered approach includes their Healthy Workplace, Healthy Babies, and Healthy Families programs. General health in the workplace is encouraged through a spectrum of wellness programs, including stress management. The Healthy Babies program includes both preconceptional care and well-baby care, all of which is covered by their health plan. The Healthy Families Program has a women's wellness component and an early detection component for both men and women. Both programs provide medical services and empower employees to make good decisions about their own health.

Sara Lee is currently analyzing data to determine the exact impact of these programs. Data to date have already demonstrated a decrease in health care costs since the inception of the programs.

(contact: CAROLYN ENDER 919/519-7593)





STANLEY FURNITURE

(Robbinsville, NC)

Stanley Furniture joined forces with the local health department to provide employees with prenatal care education. The Robbinsville, North Carolina plant has responded by uniting with the Graham County Health Department to offer families prenatal education classes. The plant gets the word out to its employees by publishing information about the classes in its monthly employee newsletter. Since 1989, all of its pregnant employees and their partners have attended the classes. One of the program's payoffs is employee satisfaction: overwhelmingly, employees report back to the plant nurse that they find the classes informative and enjoyable. Employees say the program has made them feel that their employer cares about their families' health and that it provides them with the information they need to be successful parents.

(contact: CAROL ROUNDTREE, HEALTH DEPARTMENT
804/629-7561)



UNITED STATES HOSIERY CORPORATION

(Lincolnton, NC)

United States Hosiery Corporation is a leading sock maker with a staff of 311. Though a small company, it has in place programs that even large companies have not undertaken. Included are an on-site child care center, which costs employees only \$50/week after company subsidy; a "Get Well" room to provide care for mildly ill children; and a full-day program during the summer for school-age children. United States Hosiery also offers up to 90 days of leave for childbirth, flextime, work-at-home, job sharing, tuition reimbursement for employees for college courses and scholarships for children of employees.

(contact: FRANCES WALTERS 704/735-3041)



* Description of companies' activities were compiled from *Working Mother*, "85 Best Companies for Working Mothers," October 1991; *Working Mother*, "100 Best Companies for Working Mothers," October 1992; and *Prevention Makes Cent\$*: A Guide to Healthier Births for Business Owners and Managers, Southern Regional Project on Infant Mortality, 1992. Additional information is from phone inquiries and written materials.

AGENDA

CORPORATE SUMMIT FOR CHILDREN ☪ APRIL 29-30, 1992 ☪ WASHINGTON, D.C.

10:00AM WELCOME

GOVERNOR LAWTON CHILES (FL), Chairman, National Commission to Prevent Infant Mortality

Introduced by: RAE K. GRAD, Executive Director, National Commission to Prevent Infant Mortality

10:15AM THE BOTTOM LINE

RALPH S. LARSEN, Chairman of the Board and Chief Executive Officer, Johnson & Johnson

10:30AM SETTING THE STAGE FOR COLLABORATION

MARY JANE ENGLAND, M.D., President, Washington Business Group on Health

ANTOINETTE PARISI EATON, M.D., Immediate Past President, American Academy of Pediatrics

G. ROBERT O'BRIEN, Executive Vice President, CIGNA Corporation

Introduced by: RAE K. GRAD, Executive Director, National Commission to Prevent Infant Mortality

11:00AM - 12:45PM REALITIES: REPORTS FROM THE FRONT LINE

Moderator

JUDY WOODRUFF, Chief Washington Correspondent, MacNeil/Lehrer NewsHour

Panclists

GOVERNOR ROY ROMER (CO)

U.S. SENATOR JAMES M. JEFFORDS (VT)

CAROL L. BALL, Chief Executive Officer, Ball Publishing Company

J.T. (TED) CHILDS, JR., Director of Workforce Diversity Programs, IBM Corporation

MARY HAIWOOD FUTRELL, Senior Consultant, Quality Education for Minorities Network

MARGARET C. HEAGARTY, M.D., Director of Pediatrics, Harlem Hospital Center

Introduced by: ANTOINETTE PARISI EATON, M.D., Immediate Past President, American Academy of Pediatrics

1:00PM - LUNCHEON ADDRESS

2:15PM THE HONORABLE LOUIS SULLIVAN, M.D., Secretary, Department of Health and Human Services

Introduced by: ROBERT KEESHAN, Trustee, American Academy of Pediatrics (a.k.a. Captain Kangaroo)

2:30PM - SOLUTIONS: TAKING THE NEXT STEP
3:45PM Summit participants break into working groups.



IN THE WORKPLACE:

Facilitator: WENDY B. GRAY, PH.D., Employee Benefits Consultant, Ernst & Young

Respondents: ELIZABETH A. CRONIN, Manager, Health & Welfare Plans, Levi Strauss & Co.
DONALD M. HAYES, M.D., Medical Director, Sara Lee Corporation

Reactor: DONALD SCHIFF, M.D.



IN THE COMMUNITY:

Facilitator: SUZANNE C. MERCURE, Manager, Benefits Planning, Bull HN Information Systems, Inc.

Respondents: RICHARD GREEN, PH.D., Director, Education Affairs, Honeywell, Inc.
PATRICIA E. POWERS, Executive Director, Bay Area Business Group on Health

Reactors: RENEE JENKINS, M.D.
CANDACE SULLIVAN, Director of the Center on Coordinated Services, National Association of State Boards of Education



IN PUBLIC POLICY:

Facilitator: NATHAN JULIUS STARK, ESQ., Fort & Schlefer

Respondents: JONATHAN FIELDING, M.D., Vice President, Health Policy Analysis and Planning, Johnson & Johnson
GAIL B. PROMBOIN, Assistant Vice President, Corporate Public Involvement, Aetna Life & Casualty

Reactors: BIRT HARVEY, M.D.
ANN KAHN, Past President, National PTA

4:00PM

PLENARY SESSION: REPORTS FROM THE WORKING GROUPS

WENDY B. GRAY, PH.D., Employee Benefits Consultant, Ernst & Young

SUZANNE B. MERCURE, Manager, Benefits Planning, Bull HN Information Systems, Inc.

NATHAN JULIUS STARK, ESQ., Fort & Schlefer

Introduced by: MARY JANE ENGLAND, M.D., President, Washington Business Group on Health

4:15PM

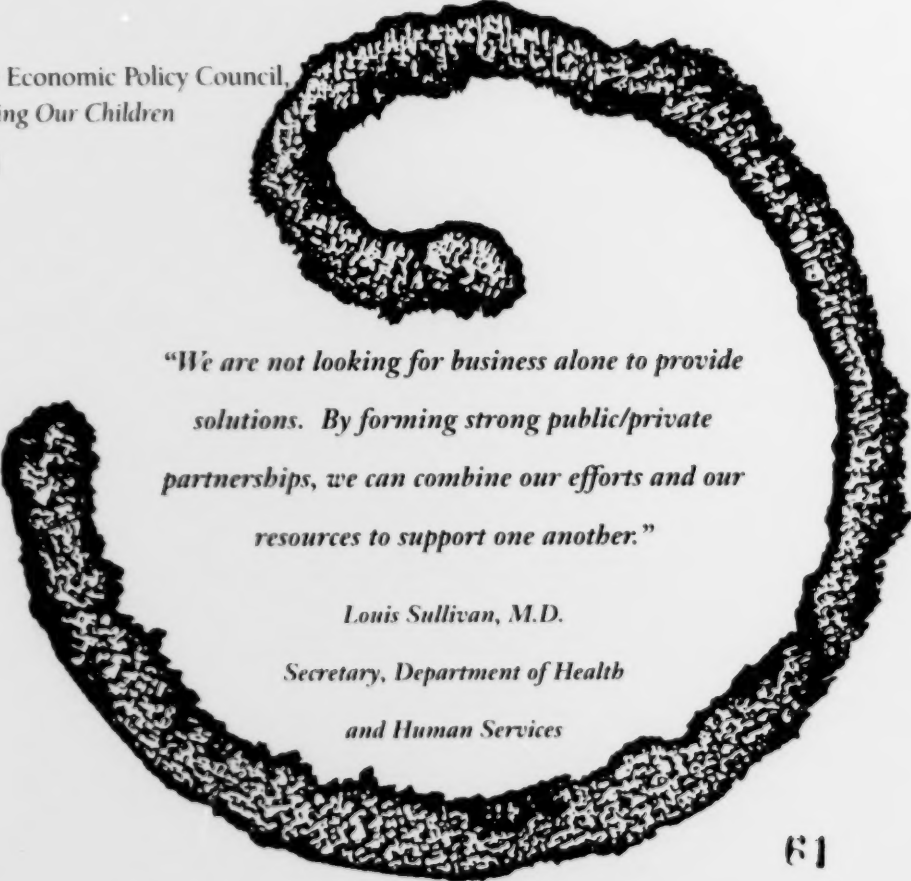
CALL TO ACTION

SYLVIA ANN HEWLETT, economist, former director of the Economic Policy Council,
and author, *When the Bough Breaks: The Cost of Neglecting Our Children*

Introduced by: LYNDIA JOHNSON ROBB, Member, National
Commission to Prevent Infant Mortality

4:45PM

ADJOURN

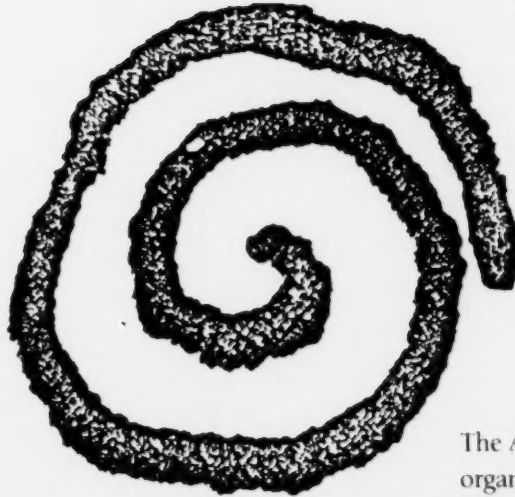


*"We are not looking for business alone to provide
solutions. By forming strong public/private
partnerships, we can combine our efforts and our
resources to support one another."*

Louis Sullivan, M.D.

*Secretary, Department of Health
and Human Services*

HOST ORGANIZATIONS



AMERICAN ACADEMY OF PEDIATRICS
141 NORTHWEST POINT BOULEVARD
ELK GROVE VILLAGE, IL 60009
(800) 433-9016
(312) 228-5005
OR
601 13TH STREET, NW
SUITE 400 NORTH
WASHINGTON, DC 20005
(202) 347-8600

The AAP is a professional membership organization whose 45,000 pediatrician members advocate for the attainment of optimal physical and mental health for all infants, children, adolescents and young adults. The AAP has 58 state-based chapters. National AAP policies are developed by more than 30 expert committees comprised of pediatricians recognized among their colleagues for their expert knowledge in areas including injury prevention, disabilities, nutrition, bioethics, substance abuse, environmental health, pediatric AIDS and health financing. The Academy actively advocates for child centered policies at both the state and federal levels. Assuring access to health care for all children and pregnant women is AAP's top priority.



NATIONAL COMMISSION TO PREVENT INFANT
MORTALITY
330 C STREET, SW
SWITZER BUILDING
ROOM 2014
WASHINGTON, DC 20201
(202) 205-8364

The Commission was established in 1987 to create a national strategic plan to reduce infant mortality and morbidity in the United States. The sixteen member, bi-partisan Commission includes Members of Congress, the Secretary of Health and Human Services, the Comptroller General of the United States, representatives of state government, and experts in the field of maternal and child health.

Knowing that many, if not most, of the answers to how to promote the health of mothers and children have existed for decades, the Commission focuses on practical solutions at the federal, state and local levels for improving the health and well-being of mothers and children. NCPIM advocates for universal access to care for all pregnant women and children and for making their health and well-being a national priority. Among its numerous initiatives are several public/private partnerships including the National Health/Education Consortium, the National Consortium for African American Children, and the Resource Mothers Development Project.

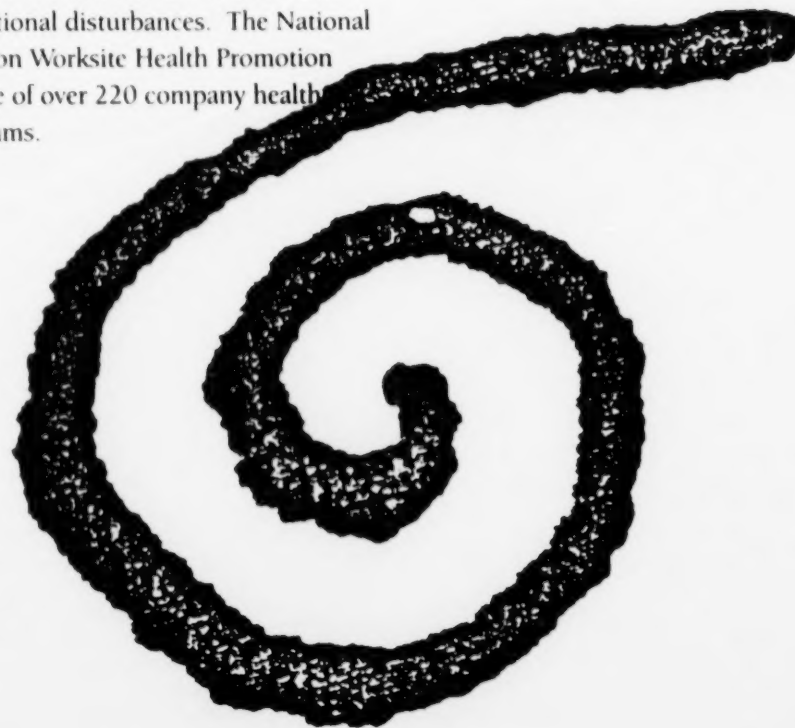


WASHINGTON BUSINESS GROUP ON HEALTH
777 NORTH CAPITOL STREET, NE
SUITE 800
WASHINGTON, DC 20002
(202) 408-9320

The WBGH is a national non-profit organization whose members are America's largest employers. WBGH promotes corporate competitiveness, productivity and the well-being of American workers as well as their families through the development of a health care system that provides high quality, necessary care to all Americans at an affordable societal cost. WBGH identifies and promotes effective human resources strategies at the worksite and in the community. WBGH also provides a forum for employers, health coalitions, government, insurers, labor academicians, providers and consumers to forge collaborative health policy issues.

WBGH has several initiatives focusing on maternal and child health. The National Partnership to Improve Family Health is a five-year initiative funded by the U.S. Maternal and Child Health Bureau and the private sector. The goal of the partnership is to improve maternal and child

health status, benefits, policies and programs. The Mental Health Services Program for Youth, supported by the Robert Wood Johnson Foundation, is to date the largest private initiative to improve services for children and adolescents with serious emotional disturbances. The National Resource Center on Worksite Health Promotion houses a database of over 220 company health promotion programs.



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